

APPEAL PETITION

Please type or print in ink. Attach a copy of the notice/item being appealed. Mail this petition to the above address. Petitions sent by US Postal Service are considered filed as of the postmark date. Petitions filed by other methods are considered filed on the date received.

| 1 axpayer | | | |
|--|---|--------------------------|---|
| Name/Business Name | | | Registration/UBI Number |
| Street Address (include city, state, z | zip) | , | |
| Telephone Number | Fax Number | Web Site Address | |
| Contact Person | Telephone Number | | Email Address |
| 2 Representative | | | |
| Last Name | First | | M.I. |
| Business Name | | | |
| Street Address (include city, state, z | zip) | | |
| Telephone Number | Fax Number | Email Address | |
| 3 Notice/Item at Issue | | | |
| ☐ Assessment/balance due notice ☐ Successorship/Trust Fund Liability | ☐ Taxpayer Information & Education R☐ Other | - | Internal Use Only Docket No. |
| Tax Period From To | Audit No. | | Timely □ ARTS □ AB2 |
| Amount at Issue \$ | Document No. | | ☐ C. Scan ☐ OD Copy ☐ Scan Idocs ☐ Ack Ltr ☐ File |
| designate the appeal as a s | mall claim if the dispute involves | taxes of \$25,000 or les | is box, the Appeals Division may s and the total amount of taxes plus the department – you cannot request |
| Type of Appeal (Complete | | | |

| Hearings In-Person Hearing Requested – Olympia ☐ Seattle ☐ Telephone Hearing Requested No Hearing Requested. Please decide on basis of petit | |
|---|--|
| Issues and Arguments a. Issues – Briefly describe each issue or area of dispute | that you wish us to consider. Attach additional pages if necessary. |
| | |
| | |
| | |
| | of dispute listed above should be decided in your favor. Attach additional rules, statutes, or cases in support of your arguments. Enclose copies of |
| | |
| | |
| | |
| | |
| information sent via email may be intercepted and used | by email. Email communications are not secure and confidential tax by unauthorized persons. Taxpayer accepts these conditions, via email, and waives any violation of the Secrecy Clause that might mail. |
| Signature (All Petitions must be signed by Taxpayer if can be signed by an authorized representative.) | authorizing use of email. If not authorizing use of e-mail, the petition |
| Signature | Date |
| Name (please print or type) | Title |

For tax assistance visit http://dor.wa.gov or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.